

(Revised October 2008)

Teacher Time Documentation Form

(For in-school staff who provide only Direct nutrition education)

Name		School		Grade(s)		
Please 1	Print					
For month of:	month of: December		Num	Number of Students:		
Week Ending (mm/dd 12/1/09—12/4/09	eek Ending (mm/dd/yy): Total Direct Hours:			Note: Enter the number of students currently enrolled in your class.		
12/7/09—12/1/09			Estimated Length of Sessions:			
12/14/09—12/18/09			Shortest:			
12/14/09—12/18/09						
12/28/09—12/31/09				Note: Enter the shortest and longest amount of		
Total Hours:			time spent on nutrition education			
Note: Direct Hours inclu		rovidina				
preparing for, and travel						
education activities.	ing to und from					
Please enter the num	ber of times	you taught the f	following	nutr	ition/physical a	ctivity topics
to your students this						-
# Topic	Topic			#	Topic	
A – Fat Free & Low Fat Milk or Equivalent (an					J – Promote H	ealthy Weight
Alternative Calcium Sources)						
B – Fats and Oils					K – Sodium & Potassium	
C – Fiber Rich Foods					L – Whole Grains	
D – Food Shopping / Preparation					M – Food Safety	
E – Fruits & Vegetables					N – Other – Breastfeeding	
F – Lean Meet & Beans					O – Other – Folic Acid	
G – Limit Added Sugars or Caloric Sweeteners						ll Content Areas
H – MyPyramid – Healthy Eating Plan					Q – Hydration	
I – Physical A						
Note: Topics taught at se						
taught together they show and Whole Grains are ta						
together in the same sess				n ve c	ounted once. If the	y were boin idugiii
		,	<i>y</i>			
Employee Signature				Date		
Employee Digitatui	. •				Date	
Companying a Cinnotona				Data		
Supervisor Signature				Date		